

Report on Strategic Planning Workgroup Meeting

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IACC Meeting - July 15th, 2008





SPWG Meeting Forum

- SPWG held its second meeting on July 8th, 2008 to provide first-read and comment on the Draft ASD Strategic Plan
- Held as a webinar open to the public
- 76 people, including the SPWG, IACC members and the public listened into the meeting
- The comments summarized here are from individuals, not consensus





SPWG Participants

- Thomas Insel, M.D. (chair) NIMH
- David Amaral, Ph.D. University of California, Davis
- Peter Bell MBA Autism Speaks
- Mark F. Blaxill MBA Coalition for Safe Minds
- Judith Cooper, Ph.D. NIDCD
- Geraldine Dawson, Ph.D. Autism Speaks
- Steve Eiken, M.A. Thomson Healthcare
- Daniel Geschwind, M.D., Ph.D. UCLA
- Martha Herbert, M.D., Ph.D. Harvard Medical School
- Alice Kau, Ph.D. NICHD
- Catherine Lord, Ph.D. University of Michigan
- David Mandell, Sc.D. University of Pennsylvania
- Prisca Chen Marvin, J.D.
- Sam Odom, Ph.D. University of North Carolina
- Isaac Pessah, Ph.D. University of California, Davis
- Denise D. Resnik SARRC
- Edwin Trevathan, M.D., MPH CDC
- Lucille Zeph, Ed. D. University of Maine





Status of Draft Plan

- Draft SP is not a final plan because it does not include the budgetary requirements
- The Draft SP will need to go out for public comment
- Services ASD research is included in this plan but services provision is not





SPWG Meeting: Overview of Themes

- Enhance and clarify language to capture more effectively the values and goals put forth by the IACC
- Strengthen the integration of crosscutting themes within the objectives
- More effectively convey the sense of urgency as expressed by the ASD community





Individual Comments to the Introduction and Cross-Cutting Themes

- Strengthen:
 - Sense of urgency
 - Importance of prevention
- Describe need for cutting edge science
- Early detection:
 - Prenatal
 - Postnatal
 - Early Childhood

- Expansion of Heterogeneity to Include:
 - Disease
 - Risk Factors
 - Treatments and Interventions
 - Balanced with common features
- Partnership between the ASD and Research communities





WHEN SHOULD I BE CONCERNED?





- Collaboration with existing culturally competent resources to facilitate recruitment in underserved communities
- Strengthen the biomarker discussion to include postnatal genetic and gene x environment research

- Initiation of immediate biomarker research
- Early detection
 informed by linking
 developmental
 trajectory and biological
 processes
- Detection of regression in ASD







HOW CAN I UNDERSTAND WHAT IS HAPPENING?





- The importance of immune and other medical problems in understanding ASD
- Expand access to biospecimens to include other tissues beyond brain,
 such as skin fibroblasts
- Sharpen the focus of the 2nd short-term objective to include immune and metabolic interactions with the CNS

- Expand the Long-Term objective to include youth and adults; extend timeframe to 2030; examine how symptoms change over time
- Balance the Aspirational Goal to include interventions applicable to a wide range of individuals







WHAT CAUSED THIS TO HAPPEN AND CAN THIS BE PREVENTED?





- Expand environmental factors section in "What do we know"
 - Example: toxicology resources and informatics infrastructure as avenues for collaboration to study ASD
- Specific objective on vaccine research? Does the current broader wording on environmental factors capture the issue?

- Include an objective on developing cellular high throughput systems
- Testing the impact of environmental factors, using cell lines from individuals with ASD
- Development of international resources and perspective
- Discontinue use of 'preemption'; stay with prevention







WHICH INTERVENTIONS WILL HELP?





- Expand the Aspirational Goal to also focus on strengthening adaptive and positive outcomes
- Balance discussion of possible treatments to give more support for study of treatments in current wide use by parents and families
- Emphasize need for methods and designs that permit identifying what works best and for which individuals
 - This will help identify subgroups as well as possible mechanisms
 - Will encourage "bedside to bench" translational research
- Strengthen emphasis on school-age, adolescence, and adulthood







WHERE CAN I TURN FOR SERVICES?





- Within "What we know"; replace section on prevalence with services and communities of care and support
- Revise the Aspirational Goal to read as follows:
 - Communities will implement high quality, research-based, and costeffective services for supporting quality of life across the lifespan for individuals with ASD
- Partnership between the ASD and Research communities

- Add a short-term objective to assess how variations and access to services postdiagnosis affect families
- Expand the 2nd long-term objective to include process analysis about what allows the model to be effective
- Add an objective to build infrastructure/resource that systematically records families experiences to interventions and treatments







WHAT DOES THE FUTURE HOLD?





- Add a long-term objective to study the long-term effects of early intervention programs on adulthood, including study of how costs of early intervention affect adult needs and costs
- Expand to include mention of potential opportunities to partner across agencies and private sector to launch more research on adult population





Comments about Implementation

- Budgetary requirements
 - Determine who will provide funding, for which projects, and through what mechanisms
- Establish process for prioritizing treatment and intervention research
- Determine how to identify what works best and for which individuals
- Members of the WG are willing to participate

